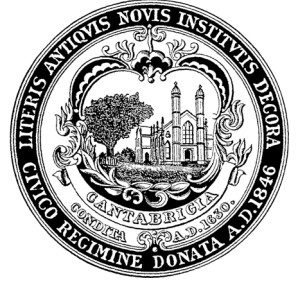




# Cambridge Emergency Communications Department

125 Sixth Street, Cambridge, MA 02142



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Communications and 911

**Richard C. Rossi**  
City Manager

**Paula Snow**  
Chief of Operations

PHONE (617)349-6911  
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## Emergency Contact Information Worksheet City of Cambridge 911 Center

The Cambridge 911/Emergency Communications Center receives all 911 calls and dispatches all Police, Fire, and EMS vehicles to emergencies in the city. In the event of an emergency after business hours we may need to quickly contact a business owner, manager, or other authorized person who can respond with keys to a property, reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in. We have developed a computer file to manage this information and are soliciting updated information about contact persons for your business.

Please neatly and clearly fill in the information below so that a notification can always be made. Please provide at least two, but preferably three, names. The contact information will be kept confidential in the Center and only used for notification purposes by the Center and/or Police or Fire personnel.

BUSINESS NAME: \_\_\_\_\_

ADDRESS IN CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ (OFFICE, GAS STATION, etc.)

### EMERGENCY CONTACTS:

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Evening/Night Phone (including Area Code): \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Evening/Night Phone (including Area Code): \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Evening/Night Phone (including Area Code): \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Date Entered: \_\_\_\_\_

By: \_\_\_\_\_

**MAIL OR FAX TO THE ABOVE LOCATION/FAX NUMBER**